



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NICHOLAS A. TOUMPAS
COMMISSIONER

March 15, 2012

Representative Ken Weyler
Chairman
Fiscal Committee of the General Court
State House
Concord, NH 03301

Re: Dashboard – February 2012

Information

Pursuant to Chapters 223:6 (HB1) and 224:14 (HB2), Laws of 2011, the Department of Health and Human Services is providing this dashboard report, which, along with the quarterly report to the Fiscal Committee on expenditures for the Medicaid program, provides a status on demand for services in entitlement programs. The purposes of this dashboard are to:

1. Provide summary information on enrollments in several high cost programs managed by the Department
2. Monitor high level fiscal issues to ensure sufficient funding is available for entitlement programs and for programs intended by the legislature, and to
3. Provide a summary of significant administrative and operations initiatives.

Explanation

Chapter 224:14 (HB2), Laws of 2011 provides certain restrictions and authorities for the Department of Health and Human Services to address potential budget shortfalls. Specifically, paragraph I requires prior approval of the Fiscal Committee of the General Court and Governor and Council (G&C) for any change to program eligibility standards or benefit levels that might be expected to increase or decrease enrollment in the program. Paragraph III authorizes the Commissioner to transfer funds, with the exception of class 060, benefits, within and among all accounting units within the Department, as the Commissioner deems necessary and appropriate to address present or projected budget shortfalls subject to the approval of the Fiscal Committee and G&C.

Individuals Enrolled For Services

As noted in Table 1, on the next page, caseloads continue to grow for most services, but at a much slower rate than was experienced in SFY 2011. For the eight months ended February 29, 2012, the Department provided services to an average of 154,215 individuals per month. This represented an increase of 1.5% over the prior year. While unemployment for New Hampshire has been improving and caseload growth has slowed for most need-based programs, caseloads have not declined since the recession ended and the Department continues to serve an unprecedented number of clients. The economic realities of lower wages, fewer employee benefits and increased part-time or temporary employment are factors that continue to influence service demand and delivery. Recent economic forecasts for 2012 suggest that nationally, we are at least 2 years away from recovering the job losses created during the recession.

The Department's mission is "to join communities and families in providing opportunities for citizens to achieve health and independence." The largest programs managed by the Department are the food stamp and Medicaid programs, both of which are means tested programs serving low-income individuals. Caseload data contained in the dashboard represents individuals who have not achieved independence. "Poverty" is often defined as living at or below 100% of the federal poverty guidelines and "Low income" as those making less than 200% of the poverty threshold. Nearly half of Americans are low-income as rising expenses and unemployment shrink the middle class." While there is debate as to what should be considered poor or low income, there is little disagreement that more people are earning less money and are qualifying for assistance.

Table 1
Average Monthly Enrollment (Persons) Eight Months Ended February

	2009	2010	2011	2012
Total Unduplicated Persons	128,287	143,977	152,009	154,215
<i>Pct Increase from Prior Year</i>		12.23%	5.58%	1.45%
Medicaid Persons	105,336	115,947	119,149	119,527
<i>Pct Increase from Prior Year</i>		10.07%	2.76%	0.32%
Food Stamp Persons	69,224	95,300	111,258	115,213
<i>Pct Increase from Prior Year</i>		37.67%	16.74%	3.55%
FANF Persons	11,504	13,945	13,803	11,833
<i>Pct Increase from Prior Year</i>		21.23%	-1.02%	-14.28%
APTD Persons	7,120	8,150	8,688	8,885
<i>Pct Increase from Prior Year</i>		14.46%	6.60%	2.27%
Elderly Nursing Services	7,187	7,298	7,199	7,232
<i>Pct Increase from Prior Year</i>		1.54%	-1.36%	0.47%

The majority of individuals serviced by the Department fall into three groups and programs to help these individuals require different approaches with differing objectives.

- Permanently Disabled: Individuals who require long term care services,
- Temporarily Low Income: Individuals who lost employment and exhausted financial resources, but who have the ability to likely recover when jobs are available,
- Chronically Low Income: Individuals who must overcome impediments to gain financial independence.

For the permanently disabled, which includes the developmentally disabled, frail elderly, and those with mental health issues, the objective is to help them maximize their abilities, recognizing that for many there will always be a need for long-term services and supports. For the Temporarily Low Income, the primary assistance needed is job opportunities. In some instances, when entire industries close down, re-training and new occupations may also be required. The most complex individuals are the Chronically low income, for which safe and affordable housing is becoming an increasing concern. Other statistical data includes the following:

- In New Hampshire, 6.6% of the population lived below the poverty line. This compares to 12.5% in Maine, 10.8% in Vermont and 10.6% in Massachusetts (Money/CNN).
- 10.3% of New Hampshire's population lacked health insurance versus 9.5% in Vermont, 9.4% in Maine and 5.6% in Massachusetts (Money/CNN).
- Three-quarters of federal welfare assistance went to single-parent families and the rise in out-of-wedlock childbearing and the increase in single parenthood are major causes of high levels of child poverty (Heritage Foundation).

- 36% of the unmarried fathers had a prison record and many long prison sentences are the result of victimless drug crimes and recommitment for minor parole offenses. (Brookings Institute)
- Achieving higher levels of education greatly reduces the incidence of living in poverty. (US Dept of Labor). New Hampshire ranks 4th nationally with 90.9% of adults with a high school diploma. The inverse is that 9.1% lack a high school diploma. (2011 New Hampshire State Health Profile, DHHS)
- Over half of all low-income children in the United States have a parent who works full time, year-round, but they work in low-wage jobs that typically offer few benefits (such as health insurance, paid sick leave, and retirement plans), little stability, and few opportunities for advancement (National Center for Children In Poverty).

Medicaid Program

Medicaid is the largest and most costly program administered by the Department. Total Medicaid costs account for in excess of 70% of total Department costs. Medicaid caseloads have stabilized but, as noted previously, remain at historic highs. Pursuant to SB147, the Department is implementing a managed care program to provide these services.

FANF Caseloads

Caseloads for Financial Assistance for Needy Families (FANF) has decreased by 14% from the first eight months of previous year. Much of this reduction is related to termination of the two-parent program as part of the budget, as well as changes to the criteria applied to other programs for eligibility.

Disabled Caseloads

Enrollment for Aid to the Permanently and Totally Disabled (APTD) continues to grow, although at a slower pace than last year, as noted in Table 1. Legislative changes to eligibility criteria has slowed the growth rate, but the application rate for potential clients continues at high levels. Kaiser Foundation reports, on a national level, the elderly and disabled represent 25% of Medicaid enrollees, yet account for 67% of the Medicaid cost.

Food Stamps

Approximately 15% of the US population is now receiving Supplemental Nutrition Assistance Program (SNAP) services. That's an increase of 74% since 2007. Recent news accounts estimated 40% of food stamp recipients are in households in which at least one member of the family earns wages, but earns wages below the eligibility threshold for food stamps. For the year 2010, the national average food stamp participation was 14.1%. New Hampshire was third lowest in the nation at 8.5%.

Housing & Homelessness

In June 2008, the food stamp program had 304 homeless households, or 1.2% of the caseload. In February 2012, this number has increased to 2,421 homeless households, or 4.3% of the caseload.

Children In Out-Of-Home Placement

The number of children in foster care has declined by 7% versus the first eight months of SFY2011 and by 20% from SFY2010. Similarly, the number of children in out of home residential care has declined by 24% versus the first eight months of SFY2011 and by 30% from SFY2010. This is a result of two factors. For the past several years, DCYF and DJJS have made a concerted effort to reduce the number of out of home placements. These efforts have helped to keep children in their own homes with the provision of in-home services, and have decreased the length of stay in out-of-home placements as well. A second factor is the new, more restrictive, definition for CHINS and the transition home of the CHINS children who do not meet the new definition.

Administrative Reorganization

The Department has been restructuring and downsizing the organization. The budget for SFY2012-2013 abolished 373 positions, which the Department had held vacant through attrition, thus permanently reducing the size of the organization. In SFY 2000, the Department had a budget of \$1.2 billion and approx. 2,811 filled positions, which equates to a staffing ratio of 2.4 employees per million dollars of budget. The SFY 2012 budget is \$1.9 billion and filled positions are 2,753 for a staffing ratio of 1.46. This downsizing of the organization comes at a time when the Department is also being tasked to implement mandated elements of the Accountable Care Act and transformation initiatives required by the SFY 2012-2013 budget.

Litigation & Audits

In addition to managing current operations and working toward implementation of the significant transformation initiatives required in the budget for SFY2012-2013, such as care management, mental health transitional housing, re-engineering front end operations, consolidation of district offices and health information exchange, Department resources have been necessary for addressing audits and litigation including:

- Litigation involving acute care hospitals
- Litigation involving providers of residential care for children
- Managing the disproportionate share program for SFY2012 and the related adjustment to outpatient claims
- Office of Inspector General audit of Medicaid To Schools program
- LBA financial audit of New Hampshire Hospital for the nine months ending March 31, 2011
- State Single Audit

Summary

The Department has continually committed to making critical assessments of the current systems for management of care for clients meeting eligibility criteria and to transitioning delivery systems to more effective and efficient systems with the intended purposes of improving the value of the services delivered. These transitions require a clear definition of what constitutes a New Hampshire health and human service safety net, and difficult decisions on how best to deliver those services through new technologies and contractual arrangements with providers of those services. This message has been conveyed to staff, providers, advocates and policy makers and is the basis for the SFY 2012-2013 budget and the change initiatives in four primary areas:

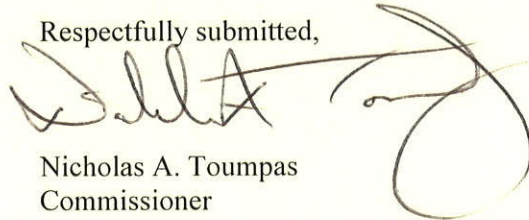
1. Care management for client enrollment in the Medicaid program;
2. Reengineering service delivery systems;
3. Investing in enabling technologies and
4. Continuous process improvement.

The more substantive long-term issues are to identify and address the root causes for individuals requiring supports. According to some sources, New Hampshire is the most livable state, one of the healthiest states, ranks high on the annual survey on children's well being, among the most educated states, and has a high per capita income. What separates the low-income individuals receiving state services from the averages? High school dropout rates, the causes of incarceration in the correctional system, the availability of jobs, which provide health

Representative Ken Weyler
Page 5
March 15, 2012

and retirement programs, and choices made regarding healthy lifestyle options are linked. Effective solutions to the systemic issues will require a coordinated effort among several state agencies to identify and address the root causes.

Respectfully submitted,

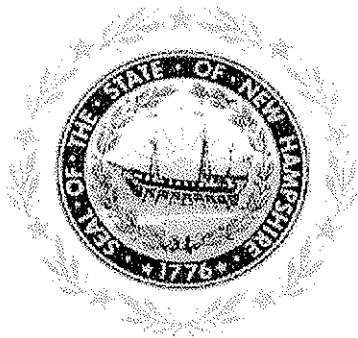


Nicholas A. Toumpas
Commissioner

Enclosure

cc: Representative Ken Weyler, Chairman, House Finance Committee
The Honorable Chuck W. Morse, Chairman, Senate Finance Committee
The Honorable John Reagan, Chairman, Health and Human Services Oversight Committee
The Honorable Jeb Bradley, Chairman, Senate Health and Human Services Committee
His Excellency, Governor John H. Lynch
The Honorable Raymond S. Burton
The Honorable Dan St. Hilaire
The Honorable Chris Sununu
The Honorable Raymond J. Wieczorek
The Honorable David Wheeler
The Honorable Neal Kurk
The Honorable William O'Brien
The Honorable Peter Bragdon

DEPARTMENT OF HEALTH AND HUMAN SERVICES



OPERATING STATISTICS DASHBOARD

DATA THROUGH FEBRUARY 2012

SFY12

Prepared March 15, 2012

	A	B	C	D	F	G	H	I	J	K
1	Department of Health and Human Services									
2	Budget Management-SFY 2012									
3	Prepared March 15, 2012									
4		Figures Rounded to \$000		SFY12 Est. 12/11	SFY13 Est. 12/11	SFY12 Est. 1/12	SFY13 Est. 1/12	SFY12 Est. 2/12	SFY13 Est. 2/12	
5	DCBCS					Net of January Transfers				
6	BBH	Caseloads-BBH		\$1,563	\$1,563	\$1,563	Care Mgt	\$3,500	Care Mgt	
7	BBH	Right Sizing CMHC Network (HB2:358)			(\$900)		(\$900)		(\$900)	
8	BBH	CMHC Plan to reduce costs			\$900		\$900		\$900	
9	BDS	Right Sizing DDAA Network (HB2:358)			(\$900)		(\$900)		(\$900)	
10	BDS	DDAA Plan to reduce costs			\$900		\$900		\$900	
11	BEAS	Medical Assistance		\$2,520	Care Mgt	\$0	Care Mgt	\$200	Care Mgt	
12	BEAS	State Phase Down Contribution (SPDC)		\$4,280	\$2,380	\$140	\$2,240	(\$200)	\$440	
13	BEAS	Other Nursing Facilities		\$470	\$470	\$490	\$490	\$500	\$500	
14	BEAS	Nursing Facilities		(\$1,040)	(\$1,040)	(\$1,800)	(\$1,800)	(\$2,500)	(\$2,500)	
15	BEAS	Home Health		\$1,190	\$1,190	\$1,200	\$1,200	\$1,200	\$1,200	
16	BEAS	Home Support		\$1,770	\$1,770	\$1,900	\$1,900	\$1,900	\$1,900	
17	BEAS	Mid-level		\$220	\$220	\$270	\$270	\$400	\$400	
18	NHH	Tele-video Revenue-Child Services & Overnight Assessments		(\$343)	(\$343)		(\$343)		(\$343)	
19	NHH	Increase in per diem billing rate		\$3,900	\$3,900	\$3,900	\$3,900	\$3,000	\$3,000	
20										
21	Human Services									
22	DFA	Count SSI in TANF & FANF-General Funds		(\$4,665)	\$0	\$0		\$0		
23	DFA	Caseloads-TANF Reserve		\$4,000	\$0	\$0		\$0		
24	DFA	Caseloads-APTD and ANB		(\$3,000)	(\$3,000)	\$0	(\$3,000)	\$0	(\$3,000)	
25	DFA	Asset Verification System		??	??	??	??	??	??	
26	DCSS	\$3 Fee Budgeted - System Limitations		(\$478)	(\$483)	\$0	(\$483)	\$0	(\$483)	
27										
28	OMBP									
29	OMBP	Caseloads-Medicaid Provider Payments		(\$2,185)	Care Mgt	(\$1,444)	Care Mgt	\$371	Care Mgt	
30	OMBP	Caseloads-Medicaid Drugs		\$5,781	Care Mgt	\$93	Care Mgt	(\$214)	Care Mgt	
31	OMBP	State Phase Down Contribution (SPDC)		\$2,653	\$0	\$288	\$0	\$583	\$0	
32	OMBP	CHIP		(\$361)	Care Mgt	\$31	Care Mgt	\$34	Care Mgt	
33	OMBP	Convert CHIP to Medicaid expansion (HB2:43)		(\$1,709)	\$0	(\$1,709)	\$0	\$0	\$0	
34	OMBP	Additional CHIPRA federal funds		\$4,374	Care Mgt	\$4,374	Care Mgt	\$0	Care Mgt	
35	OMBP	Outpatient		\$1,429	Care Mgt	(\$1,444)	Care Mgt	(\$1,155)	Care Mgt	
36	OMBP	BCC Program						(\$81)	Care Mgt	
37	OMBP	PBM Contract						(\$74)	\$0	
38	OMBP	Medicaid Admin - Transportation of Clients						\$458	\$0	
39	DHHS	Outpatient Hospital Claims Adjustment		(\$13,000)		\$0 Resolved through internal transfer				
40										
41	Department-Wide									
42	OIS	DoIT Budgeting Error		(\$613)	(\$658)	\$0	(\$658)	\$0	(\$658)	
43	OIS	MMIS contracts		(\$993)	(\$1,275)	\$0	(\$1,275)	(\$445)	(\$1,275)	
44	Various	Source of funds to federal		\$1,251		\$1,251		\$638		
45	OCOMM	Reduce number of district offices (HB2:42)		(\$476)	(\$952)	\$0	(\$952)	\$0	(\$952)	
46	OCOMM	Regional Contracting (HB2:359)		\$0	\$0	\$0	\$0	\$0	\$0	
47	OCOMM	Vacancy Savings (Frozen & Contingency) Salary Only		\$1,692	\$1,630	\$0	\$1,630	\$0	\$1,630	
48	DHHS	Termination Pay for Laid Off & Retiring Employees		(\$652)	???	\$0		\$0		
49	DHHS	Consolidation of Human Resources (HB2:84)			???					
50	DHHS	Consolidation of Business Functions (HB2:85)			???					
51	OCOMM	Care Management		\$0	\$0	\$0	\$0	\$0	\$0	
52	Various	Source of funds changes to SSBG		\$1,200	\$1,000	\$1,200	\$1,000	\$1,200	\$1,000	
53										
54	Operating Budget Surplus			\$8,778	\$6,372	\$10,303	\$4,119	\$9,315	\$859	
55					\$15,150		\$14,422		\$10,174	
56										
57	Litigation & Audits									
58	NHH	NHH DSH-Definition of Uninsured		\$0	\$0					
59	NHH	NHH DSH-Medical Necessity			\$0					
60	DHHS	Medicaid To Schools-Manchester			(\$508)		(\$500)		(\$500)	
61	DHHS	Medicaid To Schools-Transportation			(\$6,000)		???		???	
62	DHHS	DSH Settlement		(\$9,005)	(\$17,904)	(\$9,005)	(\$17,904)	(\$9,005)	(\$17,904)	
63	DHHS	Hospital Lawsuit		???	???	???	???	???	???	
64	DCYF	SFY 2004 - 2006 Residential Services		???	???	???	???	???	???	
65	DCYF	SFY 2007 - 2010 Residential Services - Potential		???	???	???	???	???	???	
66										
67	Net Surplus (Deficit) After Funding of Litigation & Audits			(\$227)	(\$18,040)	\$1,298	(\$14,285)	\$310	(\$17,545)	
68					(\$18,267)		(\$12,987)		(\$17,235)	
69										

Table A
Department of Health and Human Services
Caseload vs Unemployment Rate

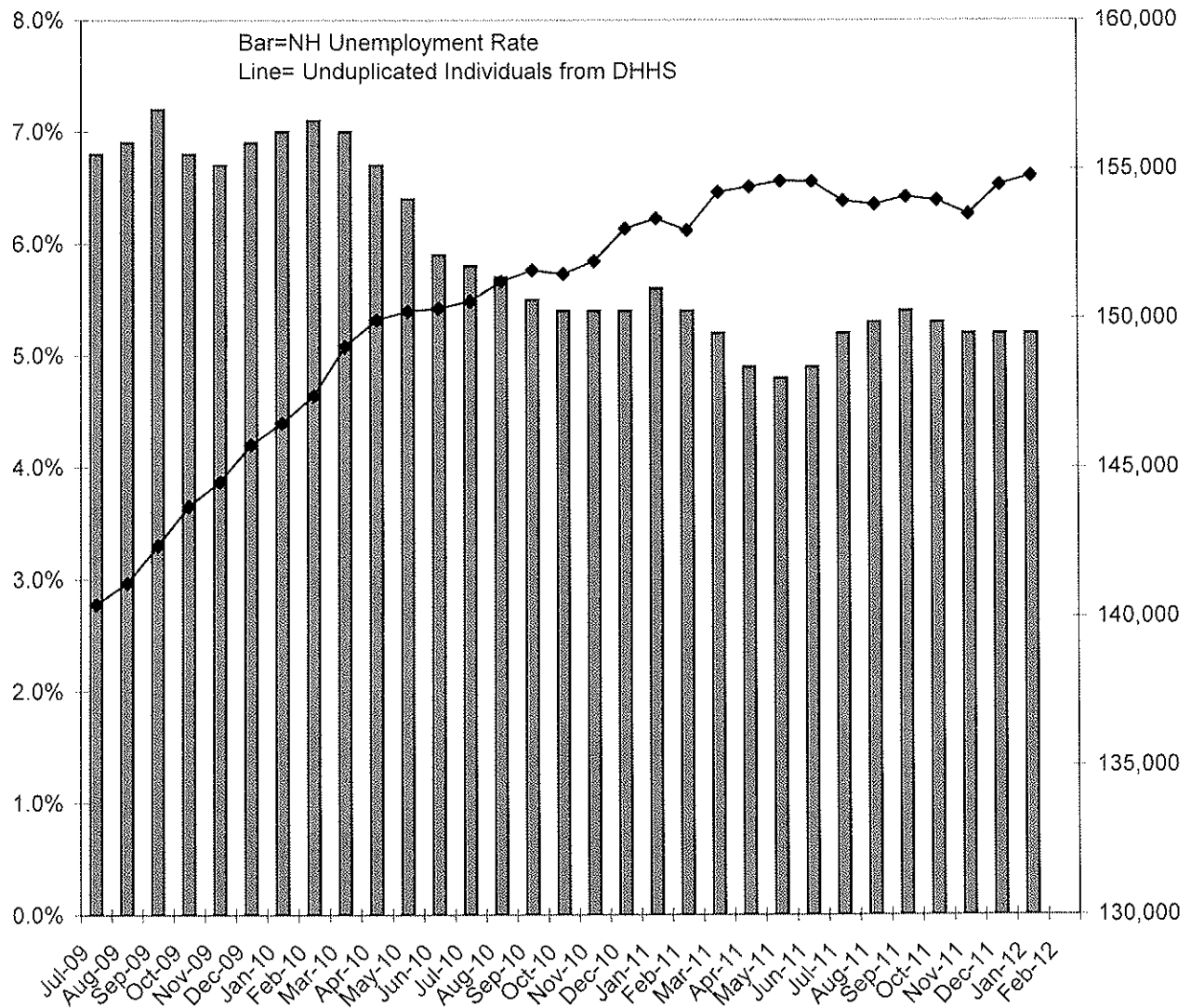


Table B
Department of Health and Human Services
Medicaid Caseloads (Individuals)

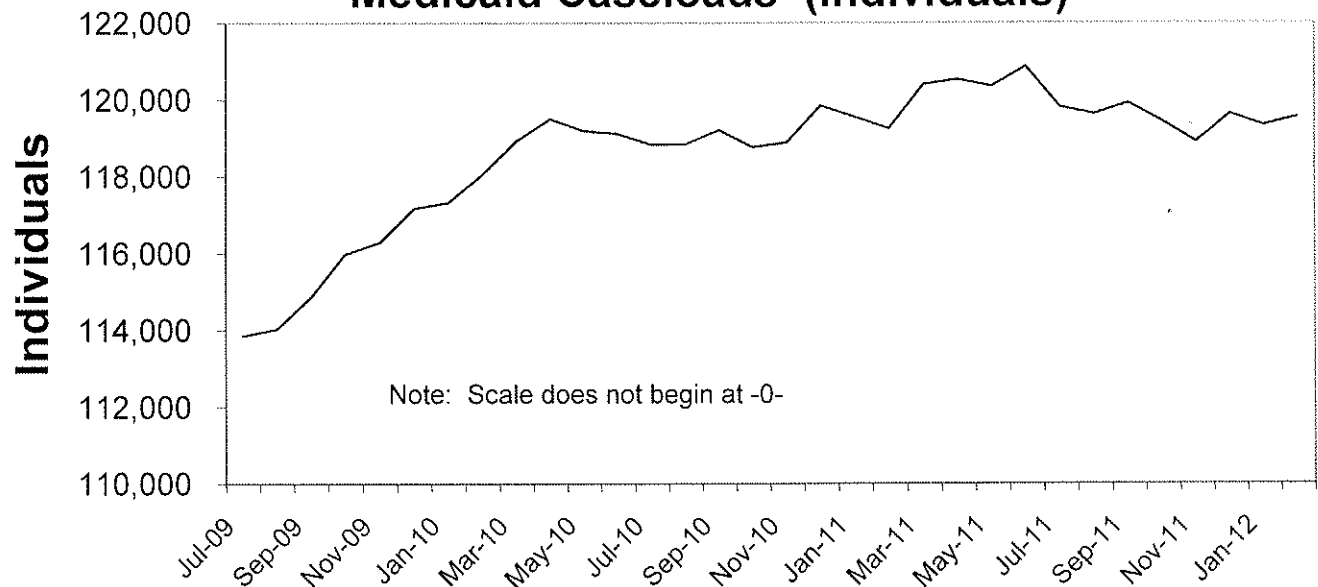


Table C
Department of Health and Human Services
FANF Caseloads (Individuals)

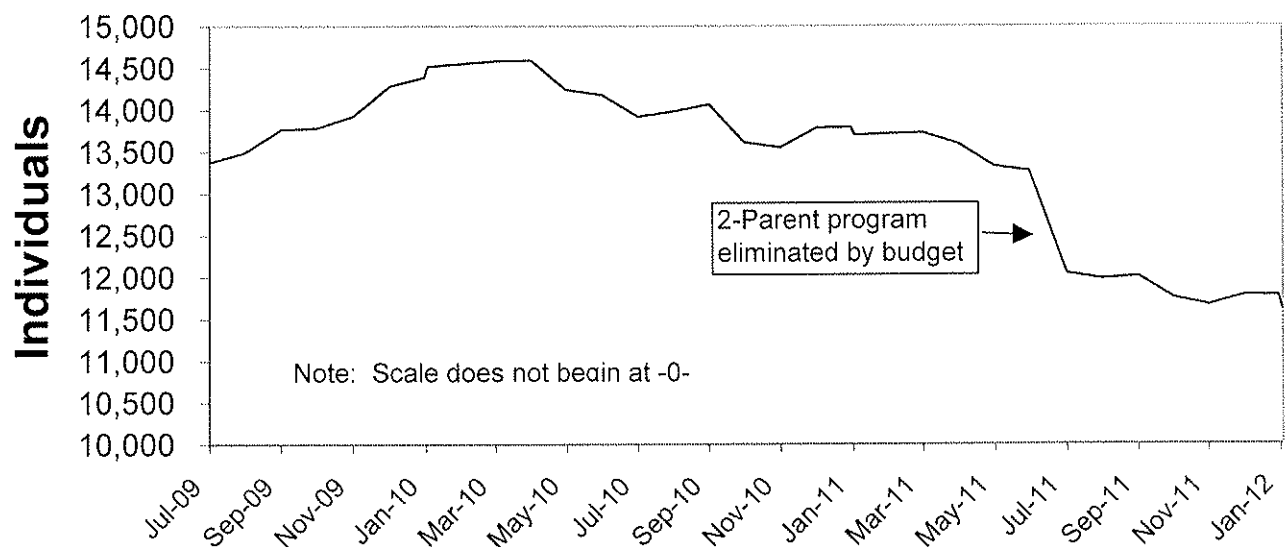
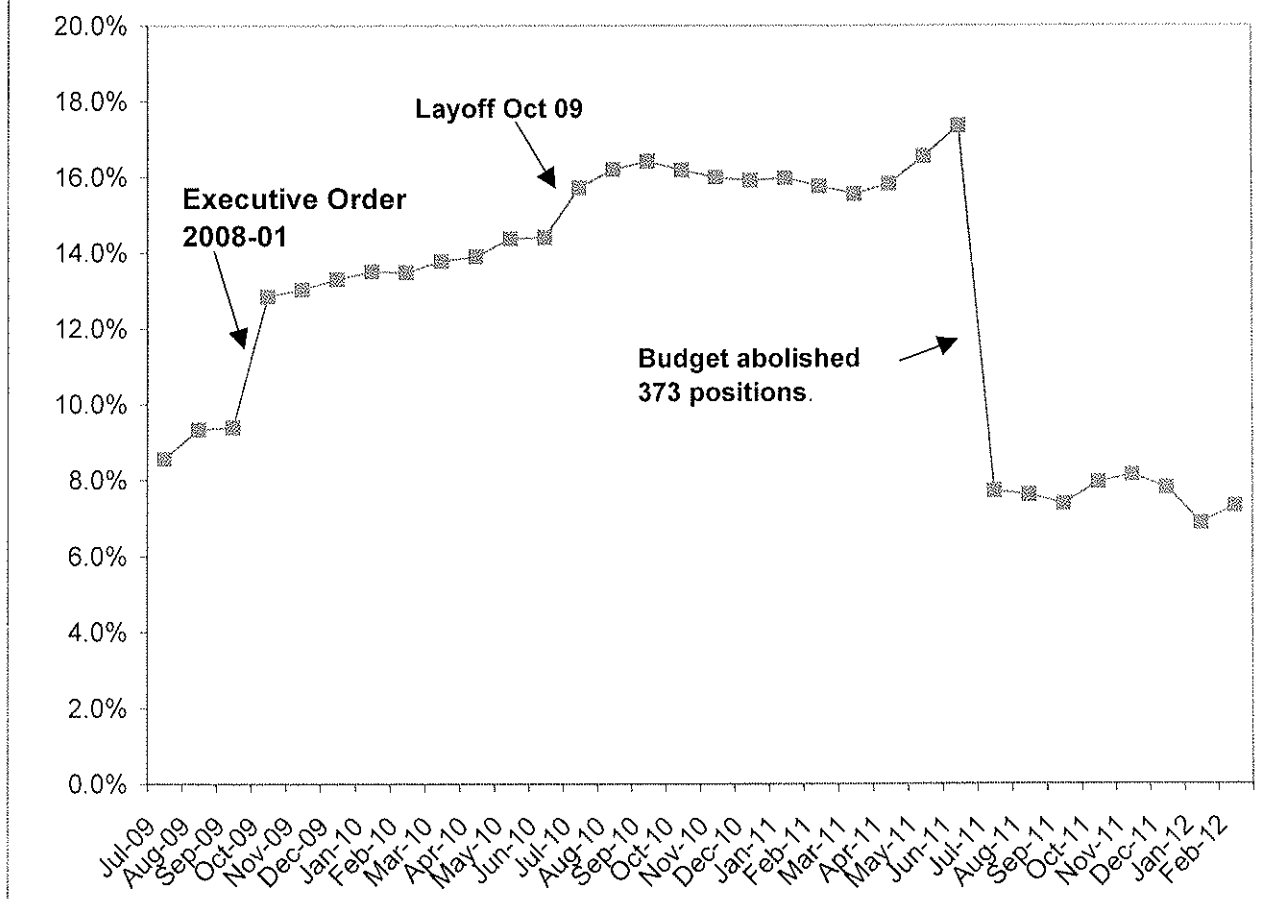


Table D
Department of Health and Human Services
Position Vacancy Rate



	A	B	C	D	E	F	G	H
1	Table E							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Children In Services							
5								
6		DCYF	DCYF	Family Foster	Residential	Child Care	Child Care	SYSC
7		Referrals	Assessments	Care	Placement	Emplmnt	Wait List	Secure
8				Placement		Related		Census
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
10								
11	Jul-09	957	545	747	462	8,419		76
12	Aug-09	958	622	766	441	7,567		66
13	Sep-09	1,130	678	766	415	8,268		57
14	Oct-09	1,123	650	760	438	8,003	459	63
15	Nov-09	1,009	607	725	469	7,486	750	64
16	Dec-09	1,040	613	717	474	7,610	981	64
17	Jan-10	1,205	723	706	464	6,830	1,198	64
18	Feb-10	962	587	710	454	6,646	1,499	59
19	Mar-10	1,363	859	724	461	6,512	1,694	62
20	Apr-10	1,255	792	700	484	5,831	1,889	68
21	May-10	1,227	760	701	478	5,748	2,065	61
22	Jun-10	1,128	750	706	475	5,496	2,305	57
23	Jul-10	987	638	663	424	5,041	2,386	55
24	Aug-10	1,012	659	646	413	4,903	2,508	53
25	Sep-10	1,182	691	627	400	4,769	2,666	50
26	Oct-10	1,110	651	625	414	4,407	2,505	57
27	Nov-10	1,125	593	626	426	4,487	2,361	64
28	Dec-10	1,072	746	630	410	4,345	1,382	60
29	Jan-11	1,131	831	616	403	4,475	326	59
30	Feb-11	1,076	888	618	394	4,743	0	57
31	Mar-11	1,339	909	619	424	5,083	0	61
32	Apr-11	1,165	805	628	427	5,162	0	73
33	May-11	1,240	810	631	425	5,251	0	80
34	Jun-11	1,237	697	629	423	5,333	0	73
35	Jul-11	963	737	574	351	5,053	0	68
36	Aug-11	1,073	776	583	317	5,055	0	65
37	Sep-11	1,261	674	580	289	5,136	0	61
38	Oct-11	1,197	742	590	302	4,969	0	52
39	Nov-11	1,116	640	602	311	5,047	0	44
40	Dec-11	1,123	777	610	321	5,017	0	48
41	Jan-12	1,289	881	590	309	4,925	0	56
42	Feb-12	1,183	725	596	298	4,869	0	64
43	Mar-12							
44	Apr-12							
45	May-12							
46	Jun-12							
47								
48								
49								
50								
51								
52								
53								
54	Source of Data							
55	Column							
56	B	DCYF Benchmark Report: Bridges.						
57	C	DCYF Assessment Supervisory Report: Bridges.						
58	D	Bridges placement authorizations during the month, unduplicated.						
59	E	Bridges placement authorizations during the month, unduplicated.						
60	F	Bridges Expenditure Report, NHB-OAR8-128						
61	G	Child Care Wait List Screen: New Heights						
62	H	Bridges Service Day Query - Bed days divided by days in month						

	A	B	C	D	E	F	G	H
1	Table F							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Social Services							
5								
6		FANF	APTD	Food	Child Support Cases			
7			Persons	Stamps	Current	Former	Never	Total
8				Persons	Cases	Cases	Cases	Cases
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
10	Jul-09	13,377	7,855	86,848	5,782	16,915	13,059	35,756
11	Aug-09	13,498	7,935	89,211	5,804	16,931	13,092	35,827
12	Sep-09	13,771	8,022	91,820	6,037	16,742	13,050	35,829
13	Oct-09	13,787	8,127	94,750	5,440	17,229	12,976	35,645
14	Nov-09	13,927	8,221	96,745	5,447	17,345	13,027	35,819
15	Dec-09	14,288	8,288	99,238	5,730	17,101	13,021	35,852
16	Jan-10	14,392	8,337	101,013	5,866	16,973	12,931	35,770
17	Feb-10	14,522	8,412	102,777	5,835	16,982	12,952	35,769
18	Mar-10	14,587	8,481	105,100	5,550	17,218	12,991	35,759
19	Apr-10	14,596	8,557	106,312	5,608	17,240	13,002	35,850
20	May-10	14,244	8,556	108,132	5,764	17,043	13,063	35,870
21	Jun-10	14,181	8,615	108,677	5,541	17,305	13,084	35,930
22	Jul-10	13,920	8,617	109,131	5,550	17,304	13,123	35,977
23	Aug-10	13,981	8,643	109,950	5,758	17,120	13,138	36,016
24	Sep-10	14,065	8,650	110,588	5,508	17,374	13,072	35,954
25	Oct-10	13,615	8,656	110,694	5,726	17,177	13,051	35,954
26	Nov-10	13,553	8,667	111,476	5,645	17,262	13,026	35,933
27	Dec-10	13,789	8,749	112,293	5,577	17,345	12,986	35,908
28	Jan-11	13,796	8,740	113,127	5,716	17,142	12,965	35,823
29	Feb-11	13,705	8,779	112,803	5,654	17,189	12,917	35,760
30	Mar-11	13,730	8,912	114,023	5,411	17,425	12,942	35,778
31	Apr-11	13,597	9,019	114,482	5,435	17,379	12,986	35,800
32	May-11	13,330	9,009	114,611	5,586	17,150	12,961	35,697
33	Jun-11	13,272	9,088	114,441	5,401	17,296	12,902	35,599
34	Jul-11	12,046	9,031	113,984	5,302	17,277	12,906	35,485
35	Aug-11	11,980	8,905	114,285	5,416	17,099	12,842	35,357
36	Sep-11	12,014	8,864	114,344	5,163	17,225	12,748	35,136
37	Oct-11	11,756	8,763	114,705	5,365	17,081	12,749	35,195
38	Nov-11	11,668	8,854	114,371	5,325	17,095	12,728	35,148
39	Dec-11	11,787	9,006	115,671	5,192	17,184	12,760	35,136
40	Jan-12	11,781	8,834	117,047	5,360	17,052	12,793	35,205
41	Feb-12	11,628	8,792	117,293	5,327	17,066	12,836	35,229
42	Mar-12							
43	Apr-12							
44	May-12							
45	Jun-12							
46								
47	Source of Data							
48	Column							
49	B	Office of Research & Analysis, Ca						
50	C	Budget Document						
51	D	Budget Document						
52	E-H	DCSS Caseload (Month End Actual from NECSES)						

	A	B	C	D	E	F	G	H	I
1	Table G								
2	Department of Health and Human Services								
3	Operating Statistics								
4	Community Mental Health Center Medicaid								
5									
6		Monthly	YTD Weekly						
7		Cost	Average Cost						
		Actual	Actual						
8	Jul-09	\$8,705,651	\$ 1,741,130						
9	Aug-09	\$7,515,041	\$ 1,802,299						
10	Sep-09	\$7,341,231	\$ 1,812,456						
11	Oct-09	\$9,478,660	\$ 1,835,588						
12	Nov-09	\$7,210,157	\$ 1,829,579						
13	Dec-09	\$7,001,226	\$ 1,817,383						
14	Jan-10	\$8,251,903	\$ 1,790,447						
15	Feb-10	\$7,558,246	\$ 1,801,775						
16	Mar-10	\$7,396,380	\$ 1,806,628						
17	Apr-10	\$9,184,950	\$ 1,852,173						
18	May-10	\$7,467,414	\$ 1,853,423						
19	Jun-10	\$7,656,058	\$ 1,822,441						
20	Jul-10	\$7,988,373	\$ 1,597,675						
21	Aug-10	\$7,136,649	\$ 1,680,558						
22	Sep-10	\$6,629,711	\$ 1,673,441						
23	Oct-10	\$8,685,885	\$ 1,691,145						
24	Nov-10	\$8,628,997	\$ 1,775,892						
25	Dec-10	\$6,900,690	\$ 1,702,604						
26	Jan-11	\$6,184,140	\$ 1,682,401						
27	Feb-11	\$6,740,043	\$ 1,682,700						
28	Mar-11	\$7,382,305	\$ 1,699,405						
29	Apr-11	\$9,302,312	\$ 1,757,654						
30	May-11	\$7,547,988	\$ 1,731,814						
31	Jun-11	\$7,992,643	\$ 1,752,303						
32	Jul-11	\$7,634,961	\$ 1,526,992						
33	Aug-11	\$6,879,546	\$ 1,612,723						
34	Sep-11	\$8,259,497	\$ 1,626,715						
35	Oct-11	\$6,551,174	\$ 1,629,177						
36	Nov-11	\$6,684,985	\$ 1,636,826						
37	Dec-11	\$8,227,790	\$ 1,638,443						
38	Jan-12	\$6,020,154	\$ 1,621,229						
39	Feb-12	\$6,992,712	\$ 1,635,738						
40	Mar-12								
41	Apr-12								
42	May-12								
43	Jun-12								

Medicaid Client Trending Report

Current Date: 3/6/12

Note: All figures are year-to-date

ACTUALS - YTD

FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4
2008	11,016	13,553	15,497	17,392
2009	12,014	14,693	16,849	19,206
2010	13,240	16,187	18,580	20,797
2011	13,480	16,390	18,410	20,665
2012	13,358	15,775		

BUDGETED - YTD

FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4
2011	12,541	15,333	17,599	19,699
2012	13,806	16,787	18,856	21,165
2013				

VARIANCE: BUDGETED TO ACTUAL - YTD

FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4
2012	-448	-1,012		
2013				

	A	B	C	D	E	F	G	H	I	J	K
1	Table H										
2	Department of Health and Human Services										
3	Operating Statistics										
4	Elderly & Adult Long Term Care										
5											
6		Total Nursing Clients		BEAS Home Care	BEAS Midlevel	BEAS Nursing Beds		Pct in NF	APS Clients Assmnts	APS Cases Ongoing	SSBG AIHC Waitlist
7		Actual	Budget			Actual	Budget		Actual	Actual	Actual
8											
9	Aug-09	7,323		2,648	355	4,320		59.0%	183	1,176	
10	Sep-09	7,169		2,632	367	4,170		58.2%	198	1,159	20
11	Oct-09	7,452	7,516	2,582	371	4,499	4,129	60.4%	225	1,139	29
12	Nov-09	7,273	7,516	2,572	361	4,340	4,129	59.7%	170	1,138	20
13	Dec-09	7,027	7,516	2,517	345	4,165	4,129	59.3%	214	1,130	23
14	Jan-10	7,312	7,516	2,545	364	4,403	4,129	60.2%	205	1,120	24
15	Feb-10	7,214	7,516	2,523	341	4,350	4,129	60.3%	145	1,116	12
16	Mar-10	7,341	7,516	2,538	382	4,421	4,129	60.2%	239	1,131	15
17	Apr-10	7,367	7,516	2,532	372	4,463	4,129	60.6%	196	1,155	17
18	May-10	7,174	7,516	2,535	368	4,271	4,129	59.5%	198	1,095	20
19	Jun-10	7,185	7,516	2,510	388	4,287	4,129	59.7%	262	1,139	22
20	Jul-10	7,443	7,740	2,541	384	4,518	4,063	60.7%	250	1,121	5
21	Aug-10	7,098	7,740	2,494	389	4,215	4,063	59.4%	221	1,118	1
22	Sep-10	6,847	7,740	2,513	365	3,969	4,063	58.0%	228	1,104	0
23	Oct-10	7,437	7,740	2,527	387	4,523	4,063	60.8%	228	1,080	0
24	Nov-10	7,314	7,740	2,557	396	4,361	4,063	59.6%	221	1,067	3
25	Dec-10	7,270	7,740	2,530	413	4,327	4,063	59.5%	183	1,068	0
26	Jan-11	7,195	7,740	2,468	416	4,311	4,063	59.9%	178	1,039	3
27	Feb-11	6,987	7,740	2,548	385	4,054	4,063	58.0%	162	1,040	6
28	Mar-11	7,151	7,740	2,544	388	4,219	4,063	59.0%	203	1,042	3
29	Apr-11	7,522	7,740	2,511	422	4,589	4,063	61.0%	222	1,041	3
30	May-11	6,623	7,740	2,485	417	3,721	4,063	56.2%	207	1,058	8
31	Jun-11	7,260	7,740	2,436	420	4,404	4,063	60.7%	238	1,077	4
32	Jul-11	7,418	7,515	2,499	443	4,476	4,400	60.3%	200	1,069	1
33	Aug-11	7,004	7,515	2,396	456	4,152	4,400	59.3%	226	1,083	2
34	Sep-11	7,236	7,515	2,382	447	4,407	4,400	60.9%	236	1,091	2
35	Oct-11	7,036	7,515	2,340	442	4,254	4,400	60.5%	253	1,108	2
36	Nov-11	6,886	7,515	2,350	432	4,104	4,400	59.6%	212	1,103	2
37	Dec-11	7,435	7,515	2,356	446	4,633	4,400	62.3%	220	1,095	-
38	Jan-12	7,238	7,515	2,357	439	4,442	4,400	61.4%	215	1,077	9
39	Feb-12	7,190	7,515	2,417	418	4,355	4,400	60.6%	215	1,084	
40	Mar-12										
41	Apr-12										
42	May-12										
43	Jun-12										
44											
45	Source of Data										
46	Columns										
47	F	Monthly report prepared for Private and County Nursing Home									
48		based on MDSS reports.									
49		*Actual Nursing Home Beds = the number of paid bed days in									
50		by the number of days in the previous month.									
51											

	A	B	C	D	E	F	G	H
1	Operating Statistics							
2	Developmental Services Long Term Care							
3								
4								
5		Total - All BDS served FYTD	BDS Programs FYTD Unduplicated Count	Early Supports & Services	Special Medical Services	Partners in Health Program	Devl. Serv. Priority #1 DD Waitlist	Devl. Serv. ABD Waitlist
6					Actual	Actual	Actual*	Actual*
7	Aug-09	10,339	7,459	1,817	2,006	874	37	0
8	Sep-09	10,642	7,882	1,823	1,868	892	37	0
9	Oct-09	11,137	8,241	1,811	2,019	877	37	0
10	Nov-09	11,654	8,703	1,760	2,044	907	37	0
11	Dec-09	11,995	9,036	1,803	2,048	911	19	0
12	Jan-10	12,692	9,836	1,826	1,917	939	19	0
13	Feb-10	13,453	10,575	1,753	1,928	950	19	0
14	Mar-10	13,496	10,650	1,869	1,849	997	47	0
15	Apr-10	13,752	11,084	1,864	1,576	1,092	47	0
16	May-10	14,448	11,830	1,857	1,620	998	47	0
17	Jun-10	14,693	12,015	1,861	1,660	1,018	20	0
18	Jul-10	9,505	6,463	1,927	1,652	1,390	40	0
19	Aug-10	10,574	7,826	2,054	1,690	1,058	13	0
20	Sep-10	11,107	8,324	2,069	1,730	1,053	9	0
21	Oct-10	11,667	8,826	2,087	1,767	1,074	21	1
22	Nov-10	12,438	9,600	2,128	1,768	1,070	19	0
23	Dec-10	12,732	9,959	2,101	1,667	1,106	19	0
24	Jan-11	13,152	10,344	1,972	1,659	1,149	19	0
25	Feb-11	13,567	10,817	2,017	1,613	1,137	19	0
26	Mar-11	13,900	11,098	2,182	1,651	1,151	20	0
27	Apr-11	14,201	11,337	2,277	1,695	1,169	30	0
28	May-11	14,623	11,713	2,339	1,742	1,168	30	0
29	Jun-11	15,148	12,168	2,344	1,772	1,208	24	4
30	Jul-11	10,626	7,627	2,248	1,795	1,204	56	6
31	Aug-11	10,953	7,957	1,799	1,806	1,190	34	8
32	Sep-11	11,146	8,328	2,329	1,811	1,007	34	10
33	Oct-11	11,500	8,529	2,668	1,841	1,130	46	9
34	Nov-11	11,918	9,077	2,917	1,727	1,114	58	9
35	Dec-11	12,290	9,445	3,057	1,742	1,103	62	0
36	Jan-12	12,535	9,848	3,274	1,667	1,020	66	0
37	Feb-12	12,767	10,112	3,468	1,663	992	71	0
38	Mar-12							
39	Apr-12							
40	May-12							
41	Jun-12							
42								
43	Source of Data							
44	Columns							
45								
46	G & H	Represent the number of individuals waiting at least 90-days for DD or ABD						
47		Waiver funding.						

	A	B	C	D	E	F	G	H	I	J	K
1	Table I										
2	Department of Health and Human Services										
3	Operating Statistics										
4	Shelter & Institutions										
5											
6		NHH			BHHS						Glenciff
7		APS & APC Census	APS & APC Admissions	THS Census		Individual Bednights	% of		Family Bednights	% of	GH Census
8		Actual	Actual	Actual	Capacity	Actual	Capacity	Capacity	Actual	Capacity	Actual
9											
10	Jul-09	179	182	41	11,620	9,626	83%	1,050	1,025	98%	109
11	Aug-09	168	187	42	9,296	8,127	87%	840	739	88%	111
12	Sep-09	177	191	39	9,296	7,988	86%	840	800	95%	111
13	Oct-09	175	205	39	11,760	11,108	94%	910	976	107%	110
14	Nov-09	159	192	40	9,408	9,028	96%	728	742	102%	110
15	Dec-09	147	162	40	10,320	9,027	87%	858	877	102%	110
16	Jan-10	158	202	38	10,584	9,160	87%	806	649	81%	109
17	Feb-10	171	194	35	10,808	10,124	94%	728	674	93%	110
18	Mar-10	165	225	40	11,666	9,408	81%	806	588	73%	108
19	Apr-10	169	237	39	10,680	8,837	83%	780	605	78%	110
20	May-10	163	221	37	11,036	8,559	78%	806	689	85%	110
21	Jun-10	163	182	41	10,680	8,577	80%	780	686	88%	111
22	Jul-10	148	178	41	11,408	8,444	74%	806	595	74%	112
23	Aug-10	145	185	41	10,304	7,523	73%	728	599	82%	112
24	Sep-10	146	184	42	11,040	8,032	73%	780	688	88%	112
25	Oct-10	145	191	43	10,757	8,668	81%	780	687	88%	112
26	Nov-10	162	200	43	10,590	9,101	86%	780	622	80%	113
27	Dec-10	156	173	40	10,943	9,539	87%	806	612	76%	113
28	Jan-11	154	184	42	11,997	10,525	88%	806	667	83%	109
29	Feb-11	156	160	43	10,836	10,606	98%	728	627	86%	106
30	Mar-11	159	219	44	11,657	10,528	90%	806	639	79%	109
31	Apr-11	152	204	42	10,590	9,141	86%	780	680	87%	111
32	May-11	153	228	44	10,943	8,785	80%	806	622	77%	113
33	Jun-11	139	199	43	10,590	9,019	85%	780	588	75%	113
34	Jul-11	142	209	43	10,943	9,368	86%	806	627	78%	113
35	Aug-11	134	192	41	10,943	9,590	88%	806	732	91%	115
36	Sep-11	128	196	41	10,590	9,719	92%	768	744	97%	115
37	Oct-11	149	200	37	10,943	10,781	99%	806	826	102%	117
38	Nov-11	150	193	36	10,590	10,779	102%	780	885	113%	116
39	Dec-11	151	202	36	11,521	11,721	102%	806	877	109%	113
40	Jan-12	153	207	0	12,090	12,173	101%	806	883	110%	115
41	Feb-12	153	191	0	11,310	11,137	98%	754	770	102%	116
42	Mar-12			0							
43	Apr-12			0							
44	May-12			0							
45	Jun-12			0							
46											
47											
48											
49	Source of Data										
50	Column										
51	B	Daily in-house midnight census averaged per month									
52	C	Daily census report of admissions totalled per month									
53	D	Daily in-house midnight census averaged per month									
54	E	Total number of individual bednights available in emergency shelters									
55	F	Total number of individual bednights utilized in emergency shelters									
56	G	Percentage of individual bednights utilized during month									
57	H	Total number of family bednights available in emergency shelters									
58	I	Total number of family bednights utilized in emergency shelters									
59	J	Percentage of family bednights utilized during month									
60	K	Daily in-house midnight census averaged per month									

	A	B	C	D	E	F	G	H	I	J
1	Table J									
2	Department of Health and Human Services									
3	Office of Medicaid Business and Policy									
4	Budget V. Actual Medical Expenditures									
5										
6	Medicaid Provider Payments									
7	(Provider Payments, Outpatient Hospital, Prescription Drugs)									
8		Budgeted	Expended	Excess/Shortfall						
9	Jul-11	\$38,938,103	\$34,383,910	\$4,554,193						
10	Aug-11	\$31,150,483	\$28,247,272	\$2,903,211						
11	Sep-11	\$38,938,103	\$40,217,563	(\$1,279,459)						
12	Oct-11	\$31,150,483	\$28,037,106	\$3,113,377						
13	Nov-11	\$31,150,483	\$31,346,777	(\$196,294)						
14	Dec-11	\$38,938,103	\$37,718,138	\$1,219,965						
15	Jan-12	\$31,150,483	\$32,891,266	(\$1,740,783)						
16	Feb-12	\$33,599,613	\$42,293,214	(\$8,693,601)						
17	Mar-12	\$43,262,423	\$54,501,701	(\$11,239,278)						
18	Apr-12	\$34,609,939	\$32,701,756	\$1,908,182						
19	May-12	\$34,609,939	\$33,236,795	\$1,373,144						
20	Jun-12	\$43,262,423	\$39,157,938	\$4,104,486						
21	Total	\$430,760,578	\$434,733,435	(\$3,972,857)						
22										
23										
24	SCHIP Premium Payments									
25		Budgeted	Expended	Excess/Shortfall						
26	Jul-11	\$1,326,813	\$1,729,836	(\$403,023)						
27	Aug-11	\$1,335,435	\$1,731,084	(\$395,649)						
28	Sep-11	\$1,343,509	\$1,750,411	(\$406,903)						
29	Oct-11	\$1,362,044	\$1,749,614	(\$387,570)						
30	Nov-11	\$1,381,876	\$1,785,679	(\$403,803)						
31	Dec-11	\$1,396,860	\$1,911,979	(\$515,119)						
32	Jan-12	\$1,398,094	\$1,777,310	(\$379,216)						
33	Feb-12	\$1,398,094	\$1,771,333	(\$373,239)						
34	Mar-12	\$2,696,202	\$1,771,333	\$924,869						
35	Apr-12	\$2,438,058	\$1,783,292	\$654,766						
36	May-12	\$2,455,559	\$1,805,056	\$650,502						
37	Jun-12	\$2,896,243	\$1,946,467	\$949,775						
38	Total	\$21,428,785	\$21,513,393	(\$84,608)						
39										
40										
41	SCHIP Premium Payments									
42		Budgeted	Expended	Excess/Shortfall						
43	Jul-11	\$0	\$0	\$0						
44	Aug-11	\$0	\$0	\$0						
45	Sep-11	\$0	\$0	\$0						
46	Oct-11	\$0	\$0	\$0						
47	Nov-11	\$0	\$0	\$0						
48	Dec-11	\$0	\$0	\$0						
49	Jan-12	\$0	\$0	\$0						
50	Feb-12	\$0	\$0	\$0						
51	Mar-12	\$192,878	\$147,607	\$45,271						
52	Apr-12	\$192,878	\$147,607	\$45,271						
53	May-12	\$192,878	\$147,607	\$45,271						
54	Jun-12	\$192,878	\$147,607	\$45,271						
55	Total	\$771,513	\$590,428	\$181,085						
56										
57										
58	Notes:									
59	Shaded figures are estimates									
60	Department of Health and Human Services; Reduction in Appropriation. In the event that estimated restricted revenues collected by the									
61	department of health and human services in the aggregate are less than budgeted, during the biennium ending June 30, 2013, the total									
62	appropriations to the department of health and human services shall be reduced by the amount of the shortfall in either actual or projected									
63	revenue. The commissioner of the department of health and human services shall notify the bureau of accounting, in writing, no later than									
64	April 1st of each year as to precisely which line item appropriation and in what specific amount reductions are to be made in order to fully									
65	compensate for the total revenue deficits.									
66	* \$1 M for Managed Care is encumbered in Provider Payments 6147-101									
67	* Provider Payments includes \$4,546,464 CHIPRA transfer starting in March									
68	* Outpatient includes Pending Dept. Transfer starting in February \$14,936,218									
69	* SCHIP includes CHIPRA transfer starting in March									
70	* Pharmacy includes Pending Dept. Transfer starting in February (\$1,466,000)									

Table K

Table K																											
Department of Health and Human Services																											
Caseloads Versus Prior Year & Prior Month																											
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S									
1	2	3	4	5	6	7	Unduplicated Persons			Medicaid Persons			Long Term Care-Seniors			FANP Persons			APTD Persons			SNAP Persons					
							Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo
8	Jul-08	125,236	7.5%	0	103,667	0.0	0	6,954	-2.5%	0	10,539	-2.0%	(0)	6,905	10.1%	0	64,961	8.7%	0								
9	Aug-08	125,668	7.4%	0.3%	103,655	0.0	0.0%	7,128	0.8%	2.5%	10,851	0.5%	3.0%	6,793	8.0%	-1.6%	65,380	8.9%	0.6%								
10	Sep-08	126,083	8.2%	0.3%	103,944	0.0	0.3%	7,160	3.7%	1.8%	10,911	3.0%	0.6%	7,052	11.8%	3.8%	66,087	10.4%	1.1%								
11	Oct-08	127,869	9.3%	1.4%	105,278	0.0	1.3%	7,413	3.0%	3.5%	11,314	7.2%	3.7%	7,144	12.5%	1.3%	68,114	12.8%	3.1%								
12	Nov-08	128,291	9.3%	1.4%	105,153	0.0	-0.1%	7,129	-0.3%	-3.8%	11,630	8.4%	2.8%	7,168	12.0%	0.3%	69,360	13.8%	1.9%								
13	Dec-08	129,830	10.5%	1.2%	106,270	0.0	1.1%	7,041	-3.9%	-1.2%	11,984	12.0%	3.0%	7,245	12.7%	1.1%	71,544	16.7%	3.1%								
14	Jan-09	131,088	10.6%	1.0%	106,833	0.0	0.5%	7,243	7.1%	2.9%	12,347	14.1%	3.0%	7,299	12.3%	0.7%	73,617	17.8%	2.9%								
15	Feb-09	132,234	11.2%	0.9%	107,889	0.0	1.0%	7,428	0.0%	2.6%	12,452	14.4%	0.9%	7,356	11.4%	0.8%	74,708	18.1%	1.5%								
16	Mar-09	134,457	9.5%	1.7%	109,952	0.1	1.8%	7,491	6.2%	0.8%	12,515	16.0%	0.5%	7,453	11.7%	1.3%	77,441	20.8%	3.7%								
17	Apr-09	136,801	9.4%	1.7%	111,963	0.0	1.8%	7,216	0.7%	-3.7%	13,308	22.4%	6.3%	7,544	11.4%	1.2%	79,276	22.3%	2.4%								
18	May-09	137,510	9.5%	1.7%	112,211	0.1	0.2%	7,349	4.4%	1.8%	13,230	23.6%	-0.6%	7,530	12.6%	1.1%	81,376	26.0%	2.6%								
19	Jun-09	138,705	11.2%	0.9%	113,044	0.1	0.7%	7,487	8.0%	1.9%	13,377	25.5%	0.0%	7,758	13.2%	1.7%	83,789	29.9%	3.2%								
20	Jul-09	140,420	12.1%	0.5%	113,861	9.8%	0.7%	7,613	9.5%	1.7%	13,377	26.9%	1.1%	7,855	13.8%	1.3%	86,848	33.7%	3.7%								
21	Aug-09	141,132	12.3%	0.2%	114,030	10.0%	0.1%	7,323	2.7%	-3.8%	13,498	24.4%	0.9%	7,935	16.8%	1.0%	89,211	36.4%	2.7%								
22	Sep-09	142,381	12.9%	0.9%	114,862	10.5%	0.7%	7,169	0.1%	-2.1%	13,771	26.2%	2.0%	8,022	13.7%	1.1%	90,822	38.9%	2.9%								
23	Oct-09	143,697	12.4%	0.9%	115,976	10.2%	1.0%	7,452	0.5%	3.9%	13,787	21.9%	0.1%	8,127	13.8%	1.3%	94,750	39.1%	3.2%								
24	Nov-09	144,519	12.6%	0.6%	116,291	10.6%	0.3%	7,273	2.0%	-2.4%	13,927	19.8%	1.0%	8,221	14.7%	1.2%	96,745	39.4%	2.1%								
25	Dec-09	145,758	12.3%	0.5%	117,171	10.3%	0.8%	7,027	-0.2%	-3.4%	14,288	19.2%	2.6%	8,248	14.2%	0.8%	99,238	38.7%	2.6%								
26	Jan-10	146,491	11.8%	0.5%	117,326	9.8%	0.1%	7,312	1.0%	4.1%	14,392	16.6%	0.7%	8,337	14.2%	0.6%	101,013	37.2%	1.8%								
27	Feb-10	147,414	11.5%	0.6%	118,060	9.4%	0.6%	7,214	-2.9%	-1.3%	14,522	16.6%	0.9%	8,412	14.4%	0.9%	102,777	37.6%	1.7%								
28	Mar-10	149,065	10.9%	1.1%	118,906	8.1%	0.7%	7,341	-2.0%	1.8%	14,587	16.6%	0.4%	8,481	13.8%	0.8%	105,100	35.7%	2.3%								
29	Apr-10	149,947	9.6%	0.6%	119,503	6.7%	0.5%	7,367	2.1%	0.4%	14,596	9.7%	0.1%	8,557	13.4%	1.2%	106,312	34.1%	1.2%								
30	May-10	150,236	9.3%	0.2%	119,197	6.2%	-0.3%	7,174	-2.4%	-2.6%	14,244	7.7%	-2.4%	8,556	12.1%	0.0%	108,139	32.9%	1.7%								
31	Jun-10	150,331	8.4%	0.1%	119,121	5.4%	-0.1%	7,185	-4.0%	0.2%	14,181	7.1%	-0.4%	8,615	11.0%	0.7%	108,677	29.7%	0.5%								
32	Jul-10	150,572	7.2%	0.2%	118,831	4.4%	-0.2%	7,443	-2.2%	3.6%	13,920	4.1%	-1.8%	8,617	9.7%	0.0%	109,131	25.7%	0.4%								
33	Aug-10	151,231	7.2%	0.4%	118,841	4.2%	0.0%	7,098	-3.1%	4.6%	13,881	3.6%	0.4%	8,643	8.9%	0.3%	109,950	23.2%	0.8%								
34	Sep-10	151,609	6.5%	0.2%	119,213	3.8%	0.3%	6,847	-4.5%	3.5%	14,065	2.1%	-3.5%	8,550	7.8%	0.1%	110,588	20.4%	0.6%								
35	Oct-10	151,486	5.4%	-0.1%	118,770	2.4%	-0.4%	7,435	-0.2%	8.6%	13,615	-1.2%	-3.2%	8,556	6.5%	0.1%	110,694	16.8%	0.1%								
36	Nov-10	151,906	5.1%	0.3%	118,882	2.2%	0.1%	7,314	0.6%	-1.6%	13,553	-2.7%	-0.5%	8,667	5.4%	0.1%	111,476	15.2%	0.7%								
37	Dec-10	152,991	5.0%	0.2%	119,845	2.3%	0.8%	7,270	3.5%	-0.6%	13,799	-3.5%	1.7%	8,749	5.6%	0.9%	112,293	13.2%	0.7%								
38	Jan-11	153,338	4.7%	0.2%	119,554	1.9%	-0.2%	7,195	-1.6%	-1.0%	13,796	-4.1%	0.1%	8,740	4.8%	-0.1%	113,127	12.0%	0.7%								
39	Feb-11	152,942	3.7%	-0.3%	119,255	1.0%	-0.3%	6,987	-3.1%	-2.9%	13,705	-5.6%	-0.7%	8,779	4.4%	0.4%	112,803	9.8%	-0.3%								
40	Mar-11	154,218	3.5%	0.8%	120,395	1.3%	1.0%	7,151	-2.6%	2.3%	13,730	-5.9%	0.2%	8,912	5.1%	1.5%	114,023	8.5%	1.1%								
41	Apr-11	154,397	3.0%	0.1%	120,532	0.9%	0.1%	7,522	2.1%	5.2%	13,597	-6.8%	-1.0%	9,019	5.4%	1.2%	114,482	7.7%	0.4%								
42	May-11	154,589	2.9%	0.1%	120,353	1.0%	-0.1%	6,623	-7.7%	-12.0%	13,330	-6.4%	-2.0%	9,009	5.3%	-0.1%	114,611	6.0%	0.1%								
43	Jun-11	154,572	2.8%	0.0%	120,867	1.5%	0.4%	7,260	1.0%	9.6%	13,272	-6.4%	-0.4%	9,088	5.5%	0.9%	114,441	5.3%	-0.1%								
44	Jul-11	153,928	2.2%	-0.4%	119,814	0.8%	-0.9%	7,418	-0.3%	2.2%	12,046	-13.5%	-9.2%	9,031	4.8%	-0.6%	113,984	4.4%	-0.4%								
45	Aug-11	153,803	1.7%	-0.1%	119,628	0.7%	-0.2%	7,004	-1.3%	-5.6%	11,980	-14.3%	-0.5%	8,905	3.0%	-1.4%	114,285	3.9%	0.3%								
46	Sep-11	154,055	1.6%	0.2%	119,916	0.6%	0.2%	7,306	6.7%	4.3%	12,014	-14.6%	0.3%	8,964	2.5%	-0.5%	114,344	3.4%	0.1%								
47	Oct-11	153,942	1.6%	-0.1%	119,437	0.6%	-0.4%	7,106	-4.4%	-2.7%	11,756	-13.7%	-2.1%	8,793	1.6%	-0.8%	114,705	3.6%	0.3%								
48	Nov-11	153,484	1.0%	-0.3%	118,901	0.0%	-0.4%	6,956	-4.9%	-2.1%	11,668	-13.9%	-0.7%	8,854	2.2%	0.7%	114,371	2.6%	-0.3%								
49	Dec-11	154,470	1.0%	0.6%	119,625	-0.2%	0.6%	7,598	4.5%	9.2%	11,787	-14.5%	1.0%	9,006	2.9%	1.7%	115,671	3.0%	1.1%								
50	Jan-12	154,765	0.9%	0.2%	119,338	-0.2%	-0.2%	7,238	0.6%	-4.7%	11,781	-14.6%	-0.1%	8,834	1.1%	-1.9%	117,047	3.5%	1.2%								
51	Feb-12	155,274	1.5%	0.3%	119,553	0.2%	0.2%		-100.0%	-100.0%	11,628	-15.2%	-1.3%	8,792	0.1%	-0.5%	117,293	4.0%	0.2%								
52	Mar-12																										
53	Apr-12																										
54	May-12																										
55	Jun-12																										
56																											

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	DATA TABLES FOR CHARTS													
2														
3	Caseloads Vs Unemployment				Caseloads-Actual				Personnel Vacancy Rate					
4	NH				FANF				Authorized		Filled	Vacant	PCT	
5	Unempl. Rate				Persons Actual				Actual					
6	Unduplicated Persons				Medicaid Persons Actual									
7	Jul-09	6.8%	140,420		Jul-09	13,377	113,861		Jul-09	3,353	3,066	287	8.6%	
8	Aug-09	6.9%	141,132		Aug-09	13,498	114,030		Aug-09	3,353	3,040	313	9.3%	
9	Sep-09	7.2%	142,381		Sep-09	13,771	114,862		Sep-09	3,334	3,021	313	9.4%	
10	Oct-09	6.8%	143,697		Oct-09	13,787	115,976		Oct-09	3,338	2,909	429	12.9%	
11	Nov-09	6.7%	144,519		Nov-09	13,927	116,291		Nov-09	3,337	2,902	435	13.0%	
12	Dec-09	6.9%	145,758		Dec-09	14,288	117,171		Dec-09	3,337	2,893	444	13.3%	
13	Jan-10	7.0%	146,491		Jan-10	14,392	117,326		Jan-10	3,337	2,886	451	13.5%	
14	Feb-10	7.1%	147,414		Feb-10	14,522	118,060		Feb-10	3,337	2,887	450	13.5%	
15	Mar-10	7.0%	149,065		Mar-10	14,587	118,926		Mar-10	3,337	2,877	460	13.8%	
16	Apr-10	6.7%	149,947		Apr-10	14,596	119,503		Apr-10	3,337	2,873	464	13.9%	
17	May-10	6.4%	150,236		May-10	14,244	119,197		May-10	3,337	2,857	480	14.4%	
18	Jun-10	5.9%	150,331		Jun-10	14,181	119,121		Jun-10	3,344	2,862	482	14.4%	
19	Jul-10	5.8%	150,572		Jul-10	13,920	118,831		Jul-10	3,344	2,818	526	15.7%	
20	Aug-10	5.7%	151,231		Aug-10	13,981	118,841		Aug-10	3,344	2,802	542	16.2%	
21	Sep-10	5.5%	151,609		Sep-10	14,065	119,213		Sep-10	3,344	2,795	549	16.4%	
22	Oct-10	5.4%	151,486		Oct-10	13,615	118,770		Oct-10	3,341	2,800	541	16.2%	
23	Nov-10	5.4%	151,906		Nov-10	13,553	118,882		Nov-10	3,344	2,809	535	16.0%	
24	Dec-10	5.4%	152,991		Dec-10	13,789	119,845		Dec-10	3,348	2,815	533	15.9%	
25	Jan-11	5.6%	153,338		Jan-11	13,796	119,554		Jan-11	3,348	2,813	535	16.0%	
26	Feb-11	5.4%	152,942		Feb-11	13,705	119,255		Feb-11	3,348	2,820	528	15.8%	
27	Mar-11	5.2%	154,218		Mar-11	13,730	120,395		Mar-11	3,348	2,827	521	15.6%	
28	Apr-11	4.9%	154,397		Apr-11	13,597	120,532		Apr-11	3,348	2,818	530	15.8%	
29	May-11	4.8%	154,589		May-11	13,330	120,353		May-11	3,348	2,794	554	16.5%	
30	Jun-11	4.9%	154,572		Jun-11	13,272	120,867		Jun-11	3,348	2,767	581	17.4%	
31	Jul-11	5.2%	153,928		Jul-11	12,046	119,814		Jul-11	2,995	2,764	231	7.7%	
32	Aug-11	5.3%	153,803		Aug-11	11,980	119,628		Aug-11	2,995	2,767	228	7.6%	
33	Sep-11	5.4%	154,055		Sep-11	12,014	119,916		Sep-11	2,995	2,774	221	7.4%	
34	Oct-11	5.3%	153,942		Oct-11	11,756	119,437		Oct-11	2,997	2,759	238	7.9%	
35	Nov-11	5.2%	153,484		Nov-11	11,668	118,901		Nov-11	2,997	2,753	244	8.1%	
36	Dec-11	5.2%	154,470		Dec-11	11,787	119,626		Dec-11	2,898	2,672	226	7.8%	
37	Jan-12	5.2%	154,765		Jan-12	11,781	119,338		Jan-12	2,898	2,699	199	6.9%	
38	Feb-12				Feb-12	11,628	119,553		Feb-12	2,898	2,686	212	7.3%	
39	Mar-12				Mar-12				Mar-12					
40	Apr-12				Apr-12				Apr-12					
41	May-12				May-12				May-12					
42	Jun-12				Jun-12				Jun-12					

**Department of Health and Human Services
Attachment To Monthly Dashboard
Current Status of Significant Transformation Initiatives
March 2012**

Care Management

The budget requires a managed care model for administering the Medicaid program and its enrollees to provide for managed care services for all Medicaid populations throughout New Hampshire consistent with the provisions of 42 U.S.C. 1396u-2. The budget includes savings of \$16 million general funds for this initiative. The Department has developed a three-phased approach, which is consistent with the language of Chapter Law 125 (SB 147). Step 1 includes all Medicaid and Children's Health Insurance Program (CHIP) State Plan medical, pharmacy, and mental health services for all populations with the exception of Spend down populations. Step 2 will include specialty services for the long term care populations, including nursing home services and, considers the state's option to manage financing for specialty services for those dually eligible for Medicaid and Medicare. Step 3 will include the Medicaid expansion population under the Affordable Care Act. An RFP for these services was issued on October 17; vendor selection was made in January 2012, and the Fiscal Committee approved the Step 1 rates on March 9, 2012. Negotiations are in process on final terms and conditions for the contract and the Governor and Executive Council will be asked to approve the contracts at its meeting on March 28.

Children's Health Insurance Program (CHIP)

The budget requires a restructuring of the administration of the Children's Health Insurance Program. The Core CHIP Transition Team believes that transitioning the CHIP program into the Medicaid program, as a Medicaid expansion and inclusion in the Medicaid Care Management initiative, is the most practical and beneficial option for the State of New Hampshire and for the children on the program. The New Hampshire Healthy Kids Corporation continues to administer the program and is expected to do so until July 1, 2012 when the managed care program is implemented. A core CHIP transition planning team comprised of Division of Family Assistance and Office of Medicaid and Business Policy staff created work plan and identified key policy considerations including but not limited to system changes, staffing needs, customer service, budget, rules/State Plan amendment, stakeholder involvement, operations, brand, and marketing/outreach.

Medicaid Management Information System (MMIS)

On January 1, 2012, the Provider Enrollment function was implemented for the new MMIS and communication has been shared with all current Medicaid enrollment providers. Concurrent with the provider enrollment, User Acceptance Testing continues on other elements of the MMIS. It is anticipated that the significant functionalities will be implemented by July 1, 2012. The timing of the MMIS implementation will be integrated with the implementation of the Care Management program noted above so as to minimize the impact on providers and clients.

Mental Health, Transitional Housing

The budget transfers \$12 million general fund from institutional care to community based care to develop additional community capacity under the 10-year plan, develop private intensive community residential program on the campus of NHH, discharge THS patients to community providers and APS, and discharge continuing care patients to community providers and keep some on admissions units. An RFP was followed and a vendor selected. The Division of Community Based Care Services and NHH worked with the contractors and implemented an administrative transition plan. The contractor assumed responsibility for the program January 2012 as anticipated in the budget.

**Department of Health and Human Services
Attachment To Monthly Dashboard
Current Status of Significant Transformation Initiatives
March 2012**

Close Down New Hampshire Hospital “G” Unit

The “G” unit was closed effective June 30, 2011 and positions were abolished as required by the budget. Modifications are being made, such as carpet and flooring, to relocate E unit to the G unit space to allow for separation of children from adolescents.

Mental Health, Limitation on Services

RSA 135-C:13 is amended to limit admission to the state mental health services system and access to treatment and other services within the system to the amount of available appropriations. Community Mental Health Centers (CMHC) will conduct clinical assessments of applicants for services and prioritize delivery of services based on the severity of an individual’s clinical needs. The Community Behavioral Health Association reviewed the impact of the new Statute with the Mental Health and Substance Abuse subcommittee of the HHS Oversight Committee and reported that no one had been turned away from services.

DDAA & CMHC Consolidation

The budget requires a consolidation of Developmental Disability Area Agencies and Community Mental Health Centers. Savings of \$1.8 million general funds are budgeted. The Bureau of Behavioral Health (BBH) requested a proposal from the Community Behavioral Health Association on how these changes will be operationalized, and received a listing of steps taken to reduce administrative expenses in anticipation of this reduction.

The Bureau of Developmental Services (BDS) developed a process for Area Agency participation in the development of a plan to generate the required savings. This plan has been developed and was submitted to the Commissioner for review.

Project Star

Implementation of a managed care financing mechanism to sustain a financially integrated community-based service delivery system for children with mental health needs who are currently in or at-risk of out-of-home placement. NH STAR has been awarded a second year of funding from the Endowment for Health. Year II will continue to coordinate transition services for youth in residential placement, and their families, and will also coordinate services to youth at imminent risk of residential placement. Twelve families have been engaged in the project. A recently awarded SAMHSA grant will enhance this project with an emphasis on blending funding across child-serving agencies. Plans are underway to explore the provision of wrap around services through the use of ‘blended funds’ under a managed care environment in Step 2. It is anticipated that funds from the Department of Education, BBH, and DCYF would be blended to fund these services. The SAMHSA Planning Grant is being utilized to develop a strategic plan that will inform the financing and service delivery aspects of the STAR model.

Facilitated Social Security Applications

State cash assistance to individuals with disabilities is 100% general funds. When these clients also receive Social Security disability cash benefits, the State dollar share drops significantly. The Division of Family Assistance ensures that clients applying for disability cash assistance follow up on their requirement to apply for Social Security disability benefits. Before this initiative began, 32.1% of APTD clients did *not* have SSA income. Today, that has been reduced to 27.2% who do not have SSA income. This saves \$183,471 in General Funds each month, achieving the savings anticipated in the budget.

Front End Operations & Consolidation of District Offices

The budget directs DHHS to pursue operating and service consolidation initiatives, in an effort to improve service delivery, obtain operating efficiencies, and promote the well-being of the state’s citizens. This includes changes in ways to accept and process applications for services and a savings in field staff through attrition. This project is currently underway. To improve our long term care eligibility processes, the DHHS now centralizes and assures that medical and eligibility applications are completed in parallel.

**Department of Health and Human Services
Attachment To Monthly Dashboard
Current Status of Significant Transformation Initiatives
March 2012**

Initiatives to improve access to services statewide include the completion of the NH Easy on-line web application initiative, through which residents throughout the State can apply for benefits on-line from any computer that has web access. This new application process allows clients to create their own user accounts to track and manage all aspects of their applications. In February, 1,558 applications came in through NH Easy, representing 17.76% of all applications. Outreach efforts continue. A major efficiency is that NH Easy allows clients to screen themselves for eligibility before they actually apply for benefits, a significant time saver in that DHHS workers don't have to process applications and conduct interviews with people who screen themselves out. In February, for instance, 1,424 of the 1,760 people who used NH Easy to screen themselves for cash benefits, screened themselves as not eligible. Total applications for the month would have increased by 16% had these individuals actually applied

Initiatives for early 2012 include 1) allowing clients to submit redetermination applications online; 2) allowing clients to report income and other changes online; 3) pre-populating client re-applications when they reapply and are known to the system; and 4) installing up to five "self service" kiosks in district office waiting rooms.

Consolidation of contracts

Savings have been budgeted related to consolidation of the number of contracts. This is intended to reduce the administrative costs associated with the processing and approval of state contracts, minimize expenditures in areas other than direct care and assistance to the persons in need served by the department, mitigate, to the extent possible, the negative effects of reductions in budgets and services, and create an efficient, effective and stable community system of health and human services agencies for the future. An integral part of this initiative is the centralizing of certain contract functions away from program divisions to a centralized contract unit. This reorganization will be announced shortly and will be followed soon thereafter by the contract consolidation plan.

Transformation of Service Delivery Systems

The Department's human service delivery system is complex, lacks an ability to assure coordination, and could be more focused on client needs. The Department is designing a new service delivery model of care that bridges client services gaps and fully integrates its non-Medicaid specific programs and services. An essential element in this process is a software tool that provides a client-centered and integrated data management. RFP 2013-005 has been released to procure a Data Repository and Analysis tool to support the Department's Service Delivery System Transformation initiative. Subsequent work will assess current culture, values and norms that assist or detract from intra departmental coordination of services and to develop a business process design with inter-divisional workgroups that are accountable for seamless and strategic integration of services.

**Department of Health and Human Services
Attachment To Monthly Dashboard
Current Status of Significant Transformation Initiatives
March 2012**

Health Information Exchange

Implement Phase 1 of the HIE capability for New Hampshire. The Department has received an award in the amount of \$5.5M from the American Recovery and Reinvestment Act of 2009 (ARRA), Title XIII – Health Information Technology, Subtitle B – Incentives for the Use of Health Information Technology, Section 3013, State Grants to Promote Health Information Technology. The purpose of the award is to promote the establishment of Health Information Exchange (HIE) that shall advance mechanisms for information sharing across the health care system. A Strategic and Operational Plan for the HIE was developed through the collaboration of stakeholders from across New Hampshire's health care community. Pursuant to Chapter 232 (HB 489), Laws of 2011, the New Hampshire Health Information Organization was formed that is establishing a HIE within the state.

In February, the Department engaged in a contract with the NHHIO to provide start up funding from the ARRA Award. In March, NHHIO plans to establish (1) basic office space, (2) a small staff and (3) a contract with a technical service vendor to implement and operate the Health Information Exchange. NHHIO is actively recruiting customers to use the Health Information Exchange to exchange clinical data between health care providers in a secure and timely manner. Several New Hampshire hospitals have expressed an interest in using the Health Information Exchange. Participation Agreements and Pricing Schedules are being developed. The Health Information Exchange will become self funded by user fees after the initial start up period.

Child Support System

Develop an architecture and planned migration of NECSES from its current, outdated platform. The plan, subject to Governor and Council approval, will consists of a modular approach to include 1) assist in maintaining, and when necessary, developing new functionality in the existing NECSES; 2) upgrade NECSES functionality and technology with modular steps; 3) assist the State in carrying out the upgrade plan after approval; and 4) maintain the enhanced NECSES including reporting and contact center components after completion of the modular upgrade plan.